

**STATE OF IDAHO - STARS**  
**WARRANT OR ROTARY SIGHT DRAFT STOP-PAYMENT or LIFT**

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE

**Please select appropriate process listed below:**

<b>Warrant Stop Payment</b>		<b>LIFT</b>	
<b>Rotary Stop Payment</b>		<b>LIFT</b>	

<b>Warrant Number:</b>	
<b>Amount:</b>	
<b>Date of Issue:</b>	
<b>Name of Payee:</b>	
<b>Reason for stop-payment or lift:</b>	
<b>Rotary Fund No. :</b>	

<b>Authorized by:</b>	
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